2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P99000098548** DIG-IT TRACTOR SERVICES, INC. 04-27-2001 90273 036 ***150.00 Principal Place of Business Mailing Address 17501 S.W. 70TH PLACE 17501 S.W. 70TH PLACE FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 33331 E0023212 2. Principal Place of Business 3. Mailing Address 17501 S.W. 707# 17501 S.W. 70 PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0962145 FT LAUDERDAL Lauderdace Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired *3*3331 USA 33331 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DALE, CHARLES S Street Address (P.O. Box Number is Not Acceptable) 414 N.E. FOURTH STREET FT. LAUDERDALE FL 33301 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE 3R2E034 (10/00) Change Addition NAME STANFIELD, DEBORAH NAME STREET ADDRESS 17501 SW 70TH PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33331 TITLE **VPS** ☐ Delete TIT! F ☐ Change ☐ Addition NAME STANFIELD, JAMES NAME 17501 SW 70TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33331 CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY - ST - ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITUE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered